



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/'03)

**CRIMINAL INFORMATION SUMMARY**☒ ADDITIONAL PAGES

<b>TROOP / UNIT:</b> G/WDMCS		<b>OTHER INVOLVED AGENCY:</b> <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, Lincoln Alabama PD	
<b>DATE:</b> 07/09/05	<b>TIME:</b> 0600	<b>INVESTIGATING TROOPER / OFFICER:</b> Tpr. Kiely # 905	<b>DPS CASE NUMBER:</b> DPS 05-028668
<b>LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):</b> Entrance Ramp to Rte. 34 New Haven, CT			
<b>SUMMARY OF INCIDENT OR AFFIDAVIT:</b> <input type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION On 07/09/05 at approximately 0400 hours, with the assistance of the Lincoln Alabama Police Department the suspect (Derrick Dickinson) of a homicide investigation was taken into custody without incident. The suspect awaits extradition to Connecticut for the charges of Manslaughter in the First Degree 53a-55 and Assault Second Degree 53a-60.			
<b>VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME / BUSINESS / AGENCY:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F Cleveland M. Thomas	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b> 163 West 3 <sup>rd</sup> St. Mt. Vernon, NY		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b> <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b> <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b> <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F Derrick Dickinson AKA "Brick"	<b>DOB:</b> 03/04/71	<b>ADDRESS:</b> 644 Schroeder St. Apt # 44 Yonker, NY	
<b>CHARGES:</b> 1. 53a-55 2. 53a-60 3. 4.	<b>COURT:</b> GA: 23  TOWN: New Haven  DATE: Extradition	<b>BOND:</b> <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input checked="" type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 500,000 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA:  TOWN:  DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input checked="" type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA:  TOWN:  DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA:  TOWN:  DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>SUPERVISOR'S APPROVAL REQUIRED:</b> INITIALS: <i>JK</i> ID #: 207 DATE: 7/9/05 THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			